

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551886

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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7		2		/		
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12		/		/		
13		3		/		
14		0		/		
15	/		/			
16		0		/		
17		0		/		
18		0		/		
19		0		/		
20	/		/			
21		/		/		
22		2		/		
23		0		/		
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TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						